

Loudoun County Government

Prepare for Open Enrollment

Learn the Benefits of the Cigna OAP Network



Offered by Cigna Health and Life Insurance Company or its affiliates In Utah, plans are offered by Cigna Health and Life Insurance Company.

Understanding terms in your health plan

Deductible:

The annual amount you pay for care before your health plan begins to pay.

Copay:

A predetermined amount you pay for eligible health care services or medication. Your copay usually is due when you receive the service.

Co-insurance:

Your share of the cost of covered services, usually after you meet your deductible. The health plan pays the rest.

Out-of-pocket maximum:

The most you pay before the health plan begins to pay 100% of covered health care costs. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network:

Health care providers and facilities that have contracts with us to deliver services at a discounted rate.

Out-of-network:

A health care provider or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.



New OAP High Plan





The Differences between the POS and New OAP High Plan

POS Plan (ending 12/31/2023)	New OAP High Plan (effective 1/1/2024)
Regional Network	National Network
Primary Care Physician Selection Required	Primary Care Physician Selection Not required
Specialist Referral Required	Specialist Referral Not Required



Similarities between the POS and the New OAP High Plan

Plan Design will be the same as in the current POS plan

- Copays for PCP will be \$20 / \$35 Specialist
- No deductible or coinsurance for in-network services
- Out-of-pocket maximums will remain at \$4,000 and \$8,000 for innetwork services



OAP High Plan Rates



EMPLOYEE GROUP HEALTH PLAN RATES January 1, 2024 – December 31, 2024							
Open Access Plus High (OAP High) Plan (medical & prescription drugs only)							
	Employee (monthly share)	County (monthly share)	Total (monthly)	Employee (biweekly)			
Employee Only 30 + hours/week 20-29 hours/week	\$158.32 \$519.05	\$879.78 \$519.05	\$1,038.10	\$79.16 \$259.53			
Employee + 1 30 + hours/week 20-29 hours/week	\$399.39 \$986.20	\$1,572.95 \$986.15	\$1,972.35	\$199.70 \$493.10			
Family 30 + hours/week 20-29 hours/week	\$694.62 \$1,650.56	\$2,056.28 \$1,100.36	\$2,750.90	\$347.31 \$825.28			
COBRA - POS Individual Individual + 1 Family	\$1,058.86 \$2,011.79 \$2,805.93						



OAP Plan Rates

Open Access Plus (OAP) Plan (medical & prescription drugs only)						
	Employee (monthly share)	County (monthly share)	Total (monthly)	Employee (biweekly)		
Employee Only						
30 + hours/week	\$70.58	\$811.79	\$882.37	\$35.29		
20-29 hours/week	\$441.20	\$441.16	\$882.31	\$220.60		
Employee + 1						
30 + hours/week	\$226.32	\$1,450.18	¢4.070.50	\$113.16		
20-29 hours/week	\$838.25	\$838.25	\$1,676.50	\$419.13		
Family						
30 + hours/week	\$537.81	\$1,800.48	#0.000.00	\$268.91		
20-29 hours/week	\$1,402.97	\$935.31	\$2,338.29	\$701.49		
COBRA - OAP						
Individual	\$900.01					
Individual + 1	\$1,710.03					
Family	\$2,385.05					

To view the 2024 rates for all plans visit www.loudoun.gov/openenrollment



Open Access Plus (OAP) Network



Primary Care Provider: A primary care provider (PCP) is recommended but not required



Specialist: You can see a specialist without a referral



Network: Lower costs by using providers and health care facilities in the OAP network

 Use the Cigna Healthcare[®] network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care



Deductible: You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs. Only services covered by the health plan count toward the deductible



Copay and co-insurance: Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest²

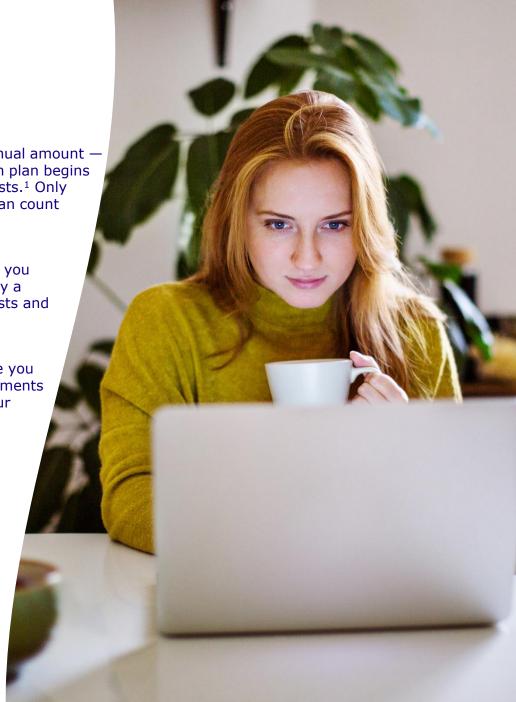


Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs



^{2.} Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.





The claim process



1. Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.



Take control of your health and your health costs

Here are a few easy ways to save on out-of-pocket health care expenses:



Stay with in-network providers and facilities



Visit an urgent care center instead of the ER for non-life-threatening health concerns



Use a convenience care clinic (inside supermarkets, pharmacies and other retail stores) for routine care



Access virtual care¹ through MDLIVE® 24/7 for a range of minor conditions

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.



^{1. [}Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.]

Take control of your health and your health costs

Additional ways to save



In-network providers

Visit **myCigna.com**® and use the "Find Care & Costs" tool to locate in-network providers and facilities



Lower-cost labs

Stay with lower-cost national labs like Quest Diagnostics® or LabCorp®



MRIs and CT scans

Choose independent radiology centers (versus hospital-based radiology) for MRIs and CT scans



Outpatient centers

Select an in-network, freestanding outpatient surgery center for procedures like colonoscopy, endoscopy or arthroscopy

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Supporting LCG Employes and their Families





Cigna One Guide®

Cigna One Guide helps you make informed choices and get the most from your plan, offering personalized support to help you stay healthy and save money.

During enrollment, we're just a call away at 888.806.5042

We can help to:

- Answer questions about the basics of coverage for all your Cigna plans
- Identify the types of health plans available to you to help you choose the one that best meets your needs
- Find out if your doctors are in network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

24/7 Customer Assistance





Is my doctor in the network?





Before you become a Cigna member, you'll want to see if your current provider is in the network. Follow these simple steps to search your provider or to find a new doctor.

Step 1 - Go to <u>www.Cigna.com</u>

Step 2 - Select "Employer".

Step 3 - Enter search criteria

Step 4 – Click "Continue as guest"

Step 5 – Pick a plan – for medical provider choose "Open Access Plus"





After enrollment - Cigna One Guide®

After enrollment, personalized support helps you:

- Resolve health care questions and issues
- Save time and money
- Get the most out of your plan(s)
- Find in-network providers, hospitals and labs
- Get cost estimates
- Understand your bills
- Navigate the health care system

24/7 Customer Assistance

1. App/online store terms and mobile phone carrier/data charges apply.



After you've enrolled, access Cigna One Guide the way that's most convenient to you.



myCigna® website or app¹



Live chat



Phone - 800.Cigna24 (800.244.6224)

After enrollment – a focus on health

- Free In-network Preventive Care Coverage for wellness checkups, immunizations and preventive screenings*
- Online Health Assessment Cigna's easy-to-use, confidential health assessment gives you an overall health "score" and a personalized report
- Online Coaching Programs Focusing on sleep, physical activity, nutrition and stress these programs
 offer encouragement and support you need to start making healthy lifestyle changes
- Lifestyle Management Programs Helping you better manage stress, quit tobacco or lose weight
- Cigna Healthy Pregnancies, Healthy Babies® Helping you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth. Complete the program and earn \$150 if enrolled during your first trimester or \$75 if enrolled during your second trimester
- Cigna Healthy Rewards® Get discounts on health and wellness items like fitness club memberships and devices, vision and hearing care, yoga products and virtual workouts, weight management and nutrition, and more**

*Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. See your enrollment materials for details about the services covered under your plan. **Healthy Rewards is a discount program and is separate from your medical benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.



After enrollment – support when you need it most

- **Health Information Line** Get 24/7 support when you need help with things like your child's high fever or finding late-night medical treatment
- Treatment Decision Support Help with managing your care, get information about a variety of treatment options and know what to expect if you need to spend time in the hospital or require surgery
- Hospital Care Coordination Coordinating care if you are admitted to the hospital
- Case Management Support in the event of a serious or catastrophic event, helping to coordinate care
 and tap into available resources to maximize your benefits and optimize your care
- Chronic Condition Support A dedicated health advocate to help you manage your health condition, treatment options and self-care for conditions like diabetes, back pain, depression, arthritis, asthma or cardiac issues
- Cancer Care Support Supporting you and your family from understanding the diagnosis and discussing treatment options to celebrating survivorship

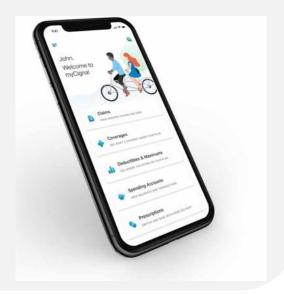


After enrollment – myCigna.com®

Your online home for assessment tools, plan management and much more:

- Find in-network doctors, dentists and medical services
- View, print and email ID cards
- Review your coverage
- Manage and track claims, account balances and deductibles
- Compare cost and quality information for doctors and hospitals

- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available
- Manage your home delivery prescription orders or talk with a pharmacist
- Use the Price a Medication feature to explore medication costs²





Download the myCigna® app and access your account.1

For illustrative purposes only.

- 1. App/online store terms and mobile phone carrier/data charges apply. Actual myCigna® features may vary depending on your plan and individual security profile.
- 2. Prices shown on myCigna® are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna® for more information.



Active Open Enrollment

- Action required to have health coverage in 2024
- Open Enrollment Period November 1 through November 30
- Must enroll through myLoudoun Oracle Employee Self-Service beginning November 1
- Cigna Care Advocate, lcg.inquiries@cigna.com
- Next OAP Webinar, October 10th, 11:00am





Updates can be found at: Loudoun.gov/openenrollment

Questions and answers





You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP. The HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Rates will vary by plan design. Coverage is subject to any applicable plan deductibles, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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